

# **MINTO**

## **Health Clinic**



## **Alaska Rural Primary Care Facility**

### **Code and Condition Survey Report**

July 23, 2001



## **I. EXECUTIVE SUMMARY**

### **Overview**

The Minto clinic was constructed in 1983 and is located on the first floor in one end of the 2-story community building. The clinic space is generally well arranged, with adequate waiting, reception, and office areas, and several exam rooms. There appears to be adequate provision for privacy and confidentiality.

### **Renovation and Addition**

The existing clinic is 1045 s.f. and would require an addition of 955 s.f. to meet the 2000 s.f. minimum area recommended for a medium clinic by the Alaska Rural Primary Care Facility study. The floor plan layout would require the remodel of approximately 20% of the interior space. The arrangement of the existing clinic would allow a new addition to be built at the gable end of the building with minimal impact to the existing space. A new addition could be constructed as an extension to the existing foundation walls and side walls. The new addition could be single story and could support a new second story addition at a later date. The cost of required renovations and code upgrades, combined with the cost of a new one-story addition equals 98% of the cost of a new clinic.

### **New Clinic**

Because the cost of renovation and addition is more than 75% of the cost of new construction, a new clinic of at least 2000 s.f. should be built to replace the existing clinic. It appears that there are several sites near the existing building that are suitable for a new clinic and are close to existing utilities and other community buildings. The community has not made a final selection of a preferred location.

## **II. GENERAL INFORMATION**

### **A. The Purpose of the Report**

ANTHC has entered into a cooperative agreement with the Denali Commission to provide management of the small clinic program under the Alaska Rural Primary Care Facility (ARPCF) assessment, planning, design, and construction. The purpose of the Code and Condition Survey Report is to validate the data provided by the community in the Alaska Rural Primary Care Facility Needs Assessment and to provide each community with a uniform standard of evaluation for comparison with other communities to determine the relative need among the communities of Alaska for funding assistance for the construction of new or remodeled clinic facilities. The information gathered will be tabulated and analyzed according to a set of fixed criteria that will yield a priority list for funding. Additionally, the relative costs of new construction vs. remodel/addition will be evaluated to determine the most practical and cost effective means to bring the clinics up to a uniform standard of program and construction quality. The information provided in this report is one component of the scoring for the small clinic RFP that the Denali Commission sent to communities in priority Groups 1 and 2.

### **B. The Assessment Team**

The survey was conducted on May 22, 2001. John Biggs, AIA, Architects Alaska, and Ralph DeStefano, PE, RSA Engineering, completed the field inspection for this project. Dan Williams of ANTHC and Theresa Gallagher, Tanana Chiefs Conference, were the team escorts. Dan reviewed alternative site locations with village leaders. Dan made introductions and conducted the village briefings. Team members who assisted in the preparation of the report included Stephen Schwicht and Ian VanBlankenstein of NANA/DOWL, project managers for the survey team, and Jay Lavoie of Estimations, Inc.

### **C. The Site Investigation**

The format adopted is similar to the “Deep Look”, a facility investigation and condition report used by both ANTHC and the Public Health Service, in maintaining an ongoing database of facilities throughout the country. Facilities are evaluated with respect to the requirements of the governing building codes and design guidelines. Building code compliance, general facility condition, and program needs have been evaluated. This written report includes a floor plan of the clinic and a site plan indicating the existing clinic site. Additional information gathered during the site investigation that is referred to in the report, which includes sketches of building construction details, a building condition checklist, and proposed plans for village utility upgrades, are not included with this report. This information is available for viewing at ANTHC’s Anchorage offices and will be held for reference.

### **III. CLINIC INSPECTION SUMMARY**

#### **A. Community Information**

The community of Minto has a current population of 258 as published in the 2000 U.S. Census. It is located 130 miles northwest of Fairbanks in the Manley Hot Springs Recording District. It is a part of the Doyon Regional Corporation. Refer to the attached Alaska Community Database prepared by the Alaska Department of Community and Economic Development in Appendix C for additional community information.

#### **B. General Clinic Information**

The Minto clinic is part of the community building that was constructed in 1983 and has generally performed well. The building is approximately 45' wide and 140' long. The clinic is located in one end of the building and the clinic main entry is located along the main corridor of the building. The clinic has a second exit located at the gable end of the building. The clinic has an adequate waiting area with good supervision from the office area which is separated from the public areas and is secure. The exam rooms are small and the bathroom is not ADA accessible. In general, the clinic is well arranged but has outgrown its current space. The main entry/exit is in need of repair or replacement. The second exit is blocked, difficult to open, and not ADA accessible.

#### **C. Program Deficiency Narrative**

The main programmatic deficiencies pertain to lack of adequate storage and handicapped access. The clinic does not have a kitchen, bathing facilities, or a separate area for medications. The clinic lacks sleeping facilities and work facilities for travelling health aides, although these facilities are available elsewhere in the building. The clinic lacks an arctic entry at the second exit, and the second exit is blocked and inaccessible. The main exit lacks adequate clearance for wheelchair access.

The following table illustrates a comparison between the current actual square footage (SF) and the 2000 s.f. minimum area recommended by the Alaska Rural Primary Care Facility study for a Medium Clinic:

**Table 1 – ARPCF Clinic Area Comparison**

<b>Purpose/Activity</b>	<b>#</b>	<b>Existing Net SF</b>	<b>#</b>	<b>ARPCF Medium</b>	<b>Difference</b>
Arctic Entry			2	2 @ 50=100	100
Wait/Recep/Closet	1	216	1	150	-66
Trauma/Telemed/Exam	1	200	1	200	0
Office/Exam	1	150	1	150	0
Admin./Records	1	282	1	110	-172
Pharmacy/Lab	-		1	80	80
Portable X-ray	-		-	-	-
Spec. Clinic/Health Ed./Conf.	-		1	150	150
Patient Holding/Sleep Room	-		1	80	80
Storage	-		1	100	100
HC toilet	1	48	2	2 @ 60=120	72
Janitorial Closet	-		1	30	30
Total Net Area				1270	
Mechanical Room	-		1	147	147
Morgue	-		1	30	30

The Minto Clinic has a current gross area of 1045 s.f. This would require a gross building area expansion of approximately 955 s.f. to meet the 2000 s.f. minimum ARPCF requirement for the Medium clinic.

An analysis of the existing building's program functions follows. Please also refer to the floor plan in Section H:

- **Arctic Entries:** No arctic entry exists for this clinic. However, one arctic entry does serve the main corridor to the building. The door to the second exit is not enclosed and does not serve as an arctic entry.
- **Waiting:** The waiting area appears well proportioned and arranged. It is larger than the minimum area.
- **Trauma/Telemed/Exam:** The clinic has no trauma room.
- **Office/Exam:** The clinic has two exam rooms which are small, but functional.

- **Administration/Records:** The administration/records area is well-located and larger than the minimal guideline requirement.
- **Pharmacy/Lab:** None provided.
- **Specialty Clinics:** Any specialty clinics occur as part of the daily clinic functions and take place in the exam rooms.
- **Patient Holding/Sleep:** None provided.
- **Storage:** None provided.
- **HC Toilet Room:** The toilet room lacks sufficient clear space for handicapped accessibility, in addition to non-accessible fixtures.
- **Janitor Closet:** None provided.
- **Ancillary Spaces:** There are no ancillary spaces in this clinic.

#### **D. Architectural/Structural Condition**

The clinic area is approximately 1045 s.f. There is some settlement indicated by small cracks at gypsum board finishes and by the second exit door, which sticks. Overall, the building appears to be in good condition. The foundation is wood frame pony walls on treated wood sills. The floor is 2x12 beams and joists and appears solid and in good condition. The walls are 2x6 framing with T-111 siding and they are weathering well. The roof is prefabricated 2x wood trusses with metal roofing. The roofing appears to be in good condition. Some settlement was noted at one corner of the clinic at the gable end. If an addition is to be constructed at the gable end of the building, the foundation would have to be repaired.

#### **E. Site Considerations**

The existing site is relatively good with adequate drainage and serviced by all necessary utilities. The site includes a gravel pad for proper drainage and support. An area near the existing clinic may be the most preferable location for a new clinic or an addition, along the main road in the village and near utilities. The community has not yet made a final selection of a preferred site for a new clinic.

#### **F. Mechanical Condition**

**Heating and Fuel Oil:** Heat for the community building, where the clinic is located, is provided by a single boiler and circulation pump. The clinic has a single zone of residential quality baseboard heat around its perimeter. Fuel oil is provided to the community building by a 500-gallon tank mounted on a steel stand. The piping to the fuel tank is poorly supported and needs to be replaced.

**Ventilation:** The clinic has no mechanical ventilation, except for an exhaust fan in the restroom. The only other source of ventilation for the occupied spaces is though operable windows. . The clinic needs to be provided with a mechanical ventilation system and should not rely on operable windows alone.

**Plumbing:** Domestic water is supplied to the clinic from the village piped water system. Sewage service is provided from the village piped sewer system. Hot water is generated from a fuel fired hot water heater located in the community building mechanical room. Plumbing fixtures in the clinic include a toilet and lavatory in the restroom, neither meeting ADA requirements, and sinks in the exam rooms. The sinks in the exam rooms are residential style lavatories and should be replaced with stainless sinks. Service water for cleaning is obtained from a mop sink in the community building.

#### **G. Electrical Condition**

**Power:** 120/240-volt single-phase power is provided to the community building through an overhead service. Power for the community building is routed through a 400 amp service which feeds a main distribution panel (MDP). The MDP feeds multiple circuit breakers, one of which houses the circuits for the clinic. The electrical system in general is in fair condition. The electrical system has some problem including the lack of GFCI protected receptacles. This problem and others are noted in more detail in the Deficiency Evaluation and Cost Assessment forms.

**Lighting and Emergency Fixtures:** The lighting levels appear adequate as provided by the existing fluorescent fixtures. The interior lighting fixtures are in fair condition. Emergency light fixtures are provided in the clinic, but the batteries are dead. Only one of the two exits had an emergency exit sign. Exterior lighting is provided with an incandescent fixture at the clinic entrance. The fixture was in poor condition and did not have a bulb. Battery operated smoke detectors are installed in the clinic corridor, waiting room, and office.

**Telecommunications:** The telecommunication system includes two phone lines serving the clinic. A Telemed system has not been installed.

**H. Existing Facility Floor Plan**

See following sheet for the floor plan of the existing clinic.



**J. Community Plan**

Refer to the attached community plan for location of the existing clinic and the proposed location for the new clinic. If the existing clinic site is the preferred location or if a new site has not yet been selected, only the existing clinic location will be shown.

#### IV. DEFICIENCY EVALUATION AND COST ASSESSMENT

The attached deficiency reporting forms are based on Public Health Service form AK H SA-43. The forms are numbered sequentially for each discipline starting with **A01** for Architectural and structural deficiencies, **M01** for Mechanical deficiencies and **E01** for Electrical deficiencies.

##### A. Deficiency Codes

Deficiencies are further categorized according to the following PHS Deficiency codes to allow the work to be prioritized for federal funding, should that apply. Deficiency codes used in this survey include:

- 02 Fire and Life Safety:** These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated building codes including the International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code.
- 03 Safety:** These deficiencies identify miscellaneous safety issues.
- 04 Environmental Quality:** This addresses DEC regulations, hazardous materials and general sanitation.
- 05 Program Deficiencies:** These are deficiencies which show up as variations from space guidelines established in the Alaska Primary Care Facility Facility Needs Assessment Project and as further evaluated through observation at the facility site and documented in the facility floor plans.
- 07 Disability Access Deficiencies:** The items with this category listing are not in compliance with the Americans with Disabilities Act.
- 08 Energy Management:** These deficiencies address the efficiency of heating systems/fuel types and the thermal enclosures of buildings.
- 11 Structural Deficiencies:** These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.
- 12 Mechanical Deficiencies:** These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems.
- 13 Electrical Deficiencies:** These are deficiencies with electrical generating and distribution systems, fire alarm systems and communications systems.
- 14 Utilities:** This category is used for site utilities, as opposed to those within the building and may include sewer lines and water and power distribution.

## **B. Photographs**

Each sheet has space for a photograph. Some deficiencies do not have photos. Photographs do not cover all areas where the deficiencies occur but are intended to provide a visual reference to persons viewing the report who are not familiar with the facility. Additional photographs of the clinic and the surrounding area are included in Appendix B.

## **C. Cost Estimate General Provisions**

### **New Clinic Construction**

- **Base Cost**

The Base Cost provided in Section VI of this report is the direct cost of construction, inclusive of general requirements (described below) and contingency for design unknowns (an estimating contingency) The base cost is exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The Project Factors and Area Cost Factor are multipliers of the base costs.

General Requirements are based on Anchorage costs without area adjustment. It is included in the Base Cost for New Clinics. These costs are indirect construction cost not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc. The general requirements factor has not been adjusted for Indian Preference.

The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned.

- **Project Cost Factors**

Equipment Costs for new medical equipment has been added at 17% of the cost of new floor space.

Design Services is included at 10% to cover professional services including engineering and design.

Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.

Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

- **Area Cost Factor**

The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire costs, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each village, following the site visit, and were modified, if necessary.

- **Estimated Total Project Cost of New Building**

This is the total estimated cost of the project, including design services. The construction contract will be work subject to Davis Bacon wages, and assumes construction before year-end 2001. No inflation factor has been applied to this data.

**Remodel, Renovations, and Additions**

- **Base Cost**

The Base Cost provided in the specific deficiency sheets is the direct cost of construction, exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Most of the deficiency items do not constitute projects of sufficient size to obtain efficiency of scale. The estimate assumes that the projects are completed either individually, or combined with other similar projects of like scope. The numbers include moderate allowances for difficulties encountered in working in occupied spaces and are based on remodeling rather than on new construction costs. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The General Requirements, Design Contingency and Area Cost Factors are multipliers of the base costs.

The cost of Additions to clinics is estimated at a unit cost higher than New clinics due to the complexities of tying into the existing structures.

Medical equipment is calculated at 17% of Base Cost for additions of new space only and is included as a line item in the estimate of base costs.

- **General Requirements Factor**

General Requirements Factor is based on Anchorage costs without area adjustment. The factor is 1.20. It is multiplied by the Base Cost to get the project cost, exclusive of planning, architecture, engineering and administrative costs. This factor assumes projects include multiple deficiencies, which are then consolidated into single projects for economies of scale. The general requirements factor has not been adjusted for Indian Preference.

- **Area Cost Factor**

The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire costs, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each village, following the site visit, and were modified, if necessary.

- **Contingency for Design Unknowns (Estimating Contingency)**

The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned. The factor used is 1.15.

- **Estimated Total Cost**

This is the total estimated bid cost for work completed under Davis Bacon wage contracts, assuming construction before year-end 2001. This is the number that is entered in the front of the deficiency form. No inflation factor has been applied to this data.

- **Project Cost Factors**

Similar to new clinics, the following project factors have been included in Section VI of this report.

Design Services is included at 10% to cover professional services including engineering and design.

Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.

Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

- **Estimated Total Project Cost of Remodel/Addition**

This is the total estimated cost of the project including design services, the construction contract cost for work completed under Davis Bacon wages and assuming construction before year-end 2001. No inflation factor has been applied to this data.

## **V. SUMMARY OF EXISTING CLINIC DEFICIENCIES**

The attached table summarizes the deficiencies at the clinic and provides a cost estimate to accomplish the proposed modifications. If all deficiencies were to be addressed in a single construction project there would be cost savings that are not reflected in this tabulation. The total cost of remodel/addition shown in Section VI is intended to show an overall remodel cost that reflects this economy. Refer to Section VI for a comparison of remodel/addition costs to the cost of new construction. The specific deficiency sheets are included in Appendix A.

## **VI. NEW CLINIC ANALYSIS**

The decision on whether to fund new clinic construction or a remodel/addition of the existing clinic is to be determined by comparing the cost of a new facility designed to meet the program requirements of the Alaska Rural Primary Care Facilities minimum area requirements with the projected combined cost of renovating, remodeling and adding onto the existing building to provide an equivalent facility. If the cost of the remodel/addition project is greater than 75% of the cost of constructing an altogether new facility then a new facility is recommended. That ratio is computed as follows:

- **The cost of a new clinic in Minto is projected to be:**

Base Anchorage Cost per s.f.	\$183/ s.f.
Medical Equipment Costs @ 17%	\$31
Design Services 10%	\$18
Construction Contingency 10%	\$18
Construction Administration. 8%	\$15
Sub-total	\$265/ s.f.
Area Cost Factor for Minto 1.63*	
Adjusted Cost per s.f.	\$432/ s.f.

**Total Project Cost of NEW BUILDING 2,000 x \$432 = \$864,000**

- **The cost of a Remodel/Renovation/Addition is projected to be:**

Projected cost of code/condition renovations (From the deficiency summary)	
90% of cost of code/condition improvement**	\$158,945 Renovation
Projected cost of remodeling work (See A11)	
1,045 s.f. clinic @ 14% remodel = 150 s.f.	\$34,486 Remodel
Projected cost of building addition (See A09)	
2,000 s.f. – 1,045 s.f. = 955 s.f.	\$466,770 Addition
<input type="text"/> Design 10%, Const. Contingency 10%, Const. Admin. 8%	\$184,856

**Total Project Cost of REMODEL ADDITION \$845,057**

- **Ratio of remodel:new is \$845,057 : \$864,000 = 0.98X**

The cost of a remodel/addition for this clinic would cost 98% the cost of a new clinic, therefore, a new clinic is recommended for this community.

\* The Area Cost Factor was refined by Estimations, Inc. in July 2001 based on information obtained during the site visit.

\*\* The 90% factor represents economy of scale by completing all renovation work in the same project.

**Appendix A: SPECIFIC DEFICIENCIES LISTING**

Refer to the attached sheets for the listing of the individual deficiencies and the corrective action recommended.



## **Appendix B: GENERAL SITE PHOTOGRAPHS**

The following sheets provide additional photographic documentation of the existing building and surroundings.

**Appendix C: ADCED Community Profile**

Refer to the attached document prepared by Alaska Department of Community and Economic Development profiling the community of Minto

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